## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Oliff & Berridge, p	LC			Attorney Doo	cket No.:	117334	
P.O. Box 19928 Alexandria, Virginia Telephone: (703) 836		Dat			Date:	: September 26, 2003	
Facsimile: (703) 836-2		OP PATEN	ENT APPLICATION				
Customer Number:	25944	NO	NPROVISION	AL APPLIC RULE §1.		TRANSMI	No. PTC
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				v	•		1970 U.S.
Sir:							00
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application							
For (Title):	IMAGE FORMING APPARATUS AND CORRECTION METHOD OF TRANSFER CONDITION THEREOF						
By (Inventors):	Masatoshi YAMADA						
Formal drawings (Figs. 1-14; 14 sheets) are attached.  Use Figure for front page of Publication.  A Declaration and Power of Attorney is filed herewith.  This application claims benefit of Provisional Application No filed  (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA  The executed Assignment is filed herewith.  An Information Disclosure Statement is filed herewith.  Entitlement to small entity status is hereby asserted.  A Preliminary Amendment is filed herewith.  Priority of foreign application(s) No. 2002-285336 filed September 30, 2002 in Japan is claimed (35 U.S.C. §119).  A certified copy of the above corresponding foreign application(s) is filed herewith.  This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  The filing fee is calculated below:  CLAIMS IN THE APPLICATION AFTER ENTRY OF  ANY PRELIMINARY AMENDMENT NOTED ABOVE  SMALL ENTITY  OTHER THAN A SMALL ENTITY							
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE				\$ 375	<u>OR</u>		\$ 750
TOTAL CLAIMS	31 - 20	= 11	x 9=	\$	<u>OR</u>	x 18	\$ 198
INDEP CLAIMS	3 - 3	= 0	x 42 =	\$	<u>OR</u>	x 84	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$
* If the difference is less than zero, enter "0".  ** TOTAL \$ OR TOTAL \$ 948  ** OR TOTAL \$ 948  ** TOTAL \$ OR TOTAL \$ 948							

the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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